

**Best Available Copy**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						BILL NO. <b>09/446449</b>	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2	1						
3	12						
4	21						
5	1						
6	1						
7	12						
8	21						
9	1						
10	1						
11	1						
12	1						
13	1						
14	51						
15	16						
16	1						
17	1						
18	1						
19	1						
20	1						
21	1						
22	④1						
23	④①						
24	④1						
25	④①						
26	④1						
27	④①						
28	④1						
29	1						
30	1						
31	1						
32	1						
33	1						
34	12						
35	21						
36	12						
37	④1						
38	④①						
39	④1						
40	④①						
41	④1						
42	④①						
43	④1						
44	④①						
45	④1						
46	1						
47							
48							
49							
50							
TOTAL IND.	11	↓	↓	↓	↓		
TOTAL DEP.	35	↓	↓	↓	↓		
TOTAL CLAIMS	46						